PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used f correspondence includired below or directed off tions.	or transmitting the ISSI of the Patent, advance of the erwise in Block 1, by (UE FEE and PUBLICATI orders and notification of n a) specifying a new corres	ON FEE (if requinaintenance fees when the pondence address;	red). I vill be and/or	Blocks 1 through 5 sh mailed to the current r (b) indicating a sepa	tould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	Fee(s) Transmittal, Thi rs. Each additiona	s certif l paper	ïcate cannot be used for, such as an assignmen	domestic mailings of the or any other accompanying at or formal drawing, must		
23644	7590 06/10	/2009	have	its own certificate	of ma	iling or transmission.	5
BARNES & THORNBURG LLP P.O. BOX 2786 CHICAGO, IL 60690-2786				Cer beby certify that thes Postal Service we essed to the Mail mitted to the USP	tificate is Fee(tith suf Stop FO (57	e of Mailing or Transı s) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the da	nission deposited with the United t class mail in an envelope above, or being facsimile tte indicated below.
							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/538,596	10/538,596 06/09/2005		Thomas Thompson		27726-99600		5443
TITLE OF INVENTION	P. 4						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$ 0		\$1810	09/10/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HUYNH, BA 1. Change of correspondence address or indication of "Fe		2179	715-764000	the patent front page, list			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Barnes & Thornburg, LLP				
PLEASE NOTE: Unl	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee	THE PATENT (print or type data will appear on the pay of a substitute for filing and (B) RESIDENCE: (CITY	ntent. If an assign			ocument has been filed for
BUNN-O-MATIC CORPORATION			Springfield, Illinois				
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🛚 Co	orporat	ion or other private gro	up entity Government
4a. The following fee(s) are submitted: ☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0913 (enclose an extra copy of this form). 				
5. Change in Entity Sta							
	s SMALL ENTITY state		b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademarl	ed from anyone other than t k Office.	he applicant; a regi	stered	attorney or agent; or th	e assignee or other party in
Authorized Signature	1/	Ality	>	Date Sept	embe	er 9, 2009	
Typed or printed nam	Grant H. Peters	Registration No. 35977					
Alexandria, Virginia 223	/irginia 22313-1450. DC 313-1450.	NOT SEND FEES OR	ion is required to obtain or it. 1.14. This collection is est y depending upon the indivine Chief Information Office COMPLETED FORMS To espond to a collection of inf) THIS ADDRESS	o. Sein	D 10: Commissioner	or Patents, P.O. Box 1450,